

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 18 1942

Registration District No. 502Primary Registration District No. 4.305Registrar's No. 4

1. PLACE OF DEATH:

- (a) County Linn
 (b) City or town Marceline
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 2 Years (Specify whether years, months or days)

8. (a) PRINT FULL NAME NELLIE MAY TAYLOR

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Winnfield S. Taylor 6. (c) Age of husband or wife if alive 80 years7. Birth date of deceased Aug. 11 1867
(Month) (Day) (Year)8. AGE: Years 74 Months 5 Days 14 If less than one day _____ hr. _____ min.9. Birthplace Albion Michigan
(City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business _____

12. Name Gardner Warren Davis13. Birthplace Mendon N.Y.
(City, town, or county) (State or foreign country)14. Maiden name Mary Jane Martin
15. Birthplace Avon N.Y.
(City, town, or county) (State or foreign country)16. (a) Informant's own signature W S Taylor(b) Address Marceline Mo.17. (a) Burial (b) Date thereof 1/29/42
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Elmwood-Marceline Mo.18. (a) Signature of funeral director James M. Laughlin(b) Address Marceline Mo.19. (a) 1-29-42 (b) Oliver Barrett
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Linn
 (c) City or town Marceline
 (If outside city or town limits, write "RURAL")
 (d) Street No. 115 W. Howe
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 25
year 1942 hour 9 minute 15 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Sudden death probably from myocardial degeneration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W B Pulman (M. D. or other) MD
Address Marceline Date signed 4/20/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed Blanche McLaughlin

Licensed Embalmer No. 1909

P. O. Address Marceline Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.